

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS 0000"

SECTION I: GENERAL INFORMATION

Mountaineer Keystone, LLC

Owner or Operator Name

Division of Air Quality ID Number (If Available)

6031 Wallace Road Ext.

Street Address

Wexford

PA

15090

City

State

ZIP Code

Rob Jackson

rjackson@mkeystone.com

724-940-1151

Facility Local Contact Name

E-Mail

Telephone Number

Signature

Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

☒ Route flowback gas to a completion combustion device

☐ Use on-site as a fuel source;

☐ Reinject into the well or another well

☐ Route flowback gas to a salable gas pipeline

☐ Other _____

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-103265	Mackey-Wolfe 201	39.25542, -79.88668	4/10/2013	4/20/2013
47-103266	Mackey-Wolfe 202	39.25543, -79.88663	4/10/2013	4/20/2013

[Add rows to the table for additional wells, as necessary]